


Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2008</h3>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/623,150
		Filing Date	July 18, 2003
		First Named Inventor	Anne M. HEEGAARD
		Examiner Name	J. A. Dunston
		Art Unit	1636
TOTAL AMOUNT OF PAYMENT (\$) 180.00		Attorney Docket No.	2815-0444PUS1

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u>	
I, For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____
							Small Entity Fee (\$)
2. EXCESS CLAIM FEES							Fee (\$)
Fee Description							Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							210
Multiple dependent claims							370
Total Claims Extra Claims Fee (\$) 7 - 20 = x = Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20.							Multiple Dependent Claims Fee (\$) Fee Paid (\$) _____
Indep. Claims Extra Claims Fee (\$) 2 - 3 = x = Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3.							Fee Paid (\$) _____
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(C) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)
						- 100 = /50 = (round up to a whole number) x =	_____
4. OTHER FEE(S)							Fee Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							_____
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement							180.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	40,069
Name (Print/Type)	Mary Anne Armstrong, Ph.D.	Telephone	(703) 205-8000
		Date	May 16, 2006